FY 2005 Application – State: WISCONSIN
National Bioterrorism Hospital Preparedness Program

HRSA PRIORITY AREA #1: ADMINISTRATION **CRITICAL BENCHMARK #1: FINANCIAL ACCOUNTABILITY** Develop and maintain a financial system capable of tracking expenditures by priority area, by critical benchmark and by funds allocated to hospitals and other health care entities. (In FY 2005 awardees will be able to use up to 15% of the **direct costs** for Awardee Operating Costs (Administration) and up to 10% of **direct costs** for Awardee Wide Planning. Therefore a minimum of 75% of the award must be used for implementation.) **Minimal Level of Readiness** Awardees will expedite the obligation and flow of funds to intended sub-recipients in order to achieve the prescribed HRSA Critical Benchmarks and Minimal Levels of Readiness.
Please list the proposed activities that will occur in FY 05 under this benchmark. **Action Step 1.1**: A financial system capable of tracking expenditures by priority area, by critical benchmark and by funds allocated to hospitals and other health care entities will be maintained.
Please provide a timeline for completing each proposed activity. **Action Step 1.1**: Quarterly as required by HRSA Grants Management
What is the proposed budget amount needed for this benchmark? **$0** **Action Step 1.1**: $0 (Staff time from the State Administrative budget accomplishes this task)

Note: Throughout this application $0 indicates that the Action Step will be accomplished through staff time, provided by the Wisconsin Division of Public Health, the 7 Regional HRSA Hospital Preparedness Boards or the 9 Regional Trauma Advisory Councils.

FY 2005 Application – State: WISCONSIN
National Bioterrorism Hospital Preparedness Program

HRSA PRIORITY AREA #2: SURGE CAPACITY

CRITICAL BENCHMARK #2-1: HOSPITAL BED CAPACITY
Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:

a. 500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;
b. 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;
c. 50 cases per million population for patients suffering burn or trauma; and
d. 50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.

Minimal Level of Readiness
Awardees will have systems that allow for the triage treatment and initial stabilization for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:

- 500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;
- 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;
- 50 cases per million population for patients suffering burn or trauma; and
- 50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 2.1.1: By January 31, 2006 all hospitals will complete the Inpatient/Outpatient Surge Capacity Plan Template, which will also

include an assessment of the requirements (electrical, telephone, HVAC, etc.) necessary to implement the IP/OP Surge Capacity Plan in those areas that will be utilized for inpatient surge capacity.
Action Step 2.1.2: By January 31, 2006 a State Expert Panel will complete an assessment of the effects of smallpox, anthrax, plague, tularemia and influenza, acute botulinum intoxication or other acute chemical poisoning and radiation-induced injury – especially bone marrow suppression on the IP/OP Surge Capacity Plan and make recommendations on how this Plan will need to be amended.
Action Step 2.1.3: By January 31, 2006 a burn patient "holding hospital(s)" will be identified in each HRSA Region along with an assessment of the supplies necessary for each "holding hospital".
Action Step 2.1.4: By April 30, 2006 each hospital will identify an off-site facility that can be used as a holding area for discharged patients.
Action Step 2.1.5: By August 31, 2006 the Wisconsin Division of Public Health, Hospital Bioterrorism Preparedness Program, will serve as the contracting agent with the off-site facility on behalf of the hospital.
Action Step 2.1.6: By October 31, 2005 each HRSA region will participate with Public Health in the completion of the regional Hazards Vulnerability Analysis.
Action Step 2.1.7: By April 30, 2006 the regional Hazards Vulnerability Analysis (HVA) will be communicated to each hospital; each hospital will then adapt its own hospital Emergency Management Plan according to the regional HVA.
Action Step 2.1.8: By May 31, 2006 a State Expert Panel on Pediatric Preparedness will be formed to provide recommendations to hospitals and EMS so that they are better prepared for an incident that will involve a large number of pediatric patients.
Action Step 2.1.9: By August 31, 2006 a methodology for reporting bed capacity and other critical health services indicators will be available to all hospitals, EMS services and local health departments.
Action Step 2.1.10: By August 31, 2006 each hospital has an Emergency Management Plan that has been adapted to meet all the Minimum Level of Preparedness Capacity Indicators from the Wisconsin Hospital Emergency Preparedness Plan.
Action Step 2.1.11: By August 31, 2006 the 7 Regional HRSA Hospital Preparedness Boards will continue the implementation of the Wisconsin Hospital Emergency Preparedness Plan.

Please provide a timeline for completing each proposed activity.

Action Step 2.1.1: START: September 1, 2005 COMPLETION: January 31, 2006
Action Step 2.1.2: START: September 1, 2005 COMPLETION: January 31, 2006
Action Step 2.1.3: START: September 1, 2005 COMPLETION: January 31, 2006
Action Step 2.1.4: START: January 1, 2006 COMPLETION: April 30, 2006
Action Step 2.1.5: START: September 1, 2005 COMPLETION: October 31, 2006
Action Step 2.1.7: START: October 1, 2005 COMPLETION: April 30, 2006
Action Step 2.1.8: START: January 1, 2006 COMPLETION: May 31, 2006
Action Step 2.1.9: START: January 1, 2006 COMPLETION: August 31, 2006
Action Step 2.1.10: START: September 1, 2005 COMPLETION: August 31, 2006

Action Step 2.1.11: START: September 1, 2005 COMPLETION: August 31, 2006

What is the proposed budget amount needed for this benchmark? **$937,995**

Action Step 2.1.1: $128,000
Action Step 2.1.2: $0
Action Step 2.1.3: $70,000
Action Step 2.1.4: $0
Action Step 2.1.5: $10,000
Action Step 2.1.6: $0
Action Step 2.1.7: $0
Action Step 2.1.8: $0
Action Step 2.1.9: $30,000
Action Step 2.1.10: $75,000
Action Step 2.1.11: $624,995

HRSA PRIORITY AREA #2: SURGE CAPACITY

CRITICAL BENCHMARK #2-2: ISOLATION CAPACITY
Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease.

Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.

Minimal Level of Readiness

1. 100% of participating hospitals have the capacity to maintain at least one suspected highly infectious disease case in negative pressure isolation.
2. 100% of awardee defined regions will have identified and upgraded (if needed) regional healthcare facilities to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 2.2.1: By September 1, 2005 hospitals not at AII minimum standards will be funded so as to achieve standards.
Action Step 2.2.2: By September 1, 2005 a hospital(s) in Regions 4 and 6 will be identified to establish Negative Pressure Surge Capacity area/wing so as to bring these regions on par with NPSC capacity in the other regions.
Action Step 2.2.3: By September 1, 2005 one clinic or Urgent Care Center will be identified as a demonstration project to showcase options available to physician offices and clinics to manage patients with airborne transmitted infectious diseases.

Please provide a timeline for completing each proposed activity.

Action Step 2.2.1: START: September 1, 2005 COMPLETION: December 31, 2005
Action Step 2.2.2: START: September 1, 2005 COMPLETION: December 31, 2005
Action Step 2.2.3: START: September 1, 2005 COMPLETION: March 31, 2006

What is the proposed budget amount needed for this benchmark? **$1,152,437**

Action Step 2.2.1: $402,437
Action Step 2.2.2: $400,000
Action Step 2.2.3: $350,000

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-4: Emergency System for Advance Registration of Volunteer Health Professionals
Develop a system that allows for the advance registration and credentialing of clinicians needed to augment a hospital or other medical facility to meet patient/victim care and increased surge capacity needs.

Minimal Level of Readiness
Awardees will have an established plan for their State–based system that allows qualified, competent volunteer health care professionals to work in hospitals or other medical facilities during an emergency situation throughout the grantee's jurisdiction.

Please list the proposed activities that will occur in FY 05 under this benchmark

Action Step 2.4.1: By January 1, 2006 registration on WEAVR will be promoted among all hospital and physician office healthcare workers.
Action Step 2.4.2: By January 1, 2006 the role and integration of the Medical Reserve Corps with WEAVR will, in collaboration with Public

Health, be identified and communicated to hospitals and local health departments.
Action Step 2.4.3: By September 1, 2005 disclosure documents will be made available to volunteer Health Care Workers regarding protections available to them against liability and injury in their service as volunteers.

Please provide a timeline for completing each proposed activity.

Action Step 2.4.1: START: January 1, 2006 COMPLETION: June 30, 2006
Action Step 2.4.2: START: January 1, 2006 COMPLETION: June 30, 2006
Action Step 2.4.3: START: September 1, 2005 COMPLETION: December 31, 2005

What is the proposed budget amount needed for this benchmark? **$20,000**

Action Step 2.4.1: $0
Action Step 2.4.2: $0
Action Step 2.4.3: $20,000

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-5: PHARMACEUTICAL CACHES
Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.

Minimal Level of Readiness:
1. 100% of participating hospitals will have access to pharmaceutical caches sufficient to cover hospital personnel (medical and ancillary), hospital based emergency first responders and family members associated with their facilities for a 72-hour time period.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 2.5.1: By September 1, 2005 contract with Logistics Health, Inc. for the management of the Interim Pharmaceutical Stockpile will be extended for FY 2005.
Action Step 2.5.2: By November 1, 2005 protocols for the distribution of supplies from the ChemPack Distribution Site to EMS and hospitals will be made available to EMS and hospitals.
Action Step 2.5.3: By November 1, 2005 protocols for the distribution of supplies from the Interim Pharmaceutical Stockpile Distribution

Site to EMS will be made available to hospitals, local health departments and EMS.

Please provide a timeline for completing each proposed activity.

Action Step 2.5.1: START: September 1, 2005 COMPLETION: September 30, 2005
Action Step 2.5.2: START: November 1, 2005 COMPLETION: February 28, 2006
Action Step 2.5.3: START: November 1, 2005 COMPLETION: February 28, 2006

What is the proposed budget amount needed for this benchmark? **$165,000**

Action Step 2.5.1: $165,000
Action Step 2.5.2: $0
Action Step 2.5.3: $0

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-6: PERSONAL PROTECTION AND DECONTAMINATION

Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.

The level of PPE will be established based on the HVA, and the level of decontamination that is being designed in CBM 2.7.

Minimal Level of Readiness

1. Awardees will possess sufficient numbers of PPE to protect both the current and additional health care personnel deployed in support of an event.
2. Awardees will develop contingency plans to establish sufficient numbers of PPE to protect both the current and additional health care personnel expected to be deployed in support of predictable high-risk scenarios.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 2.6.1: By November 1, 2005 protocols for hospitals to access personal protective equipment from the state PPE stockpile will be developed and distributed to all hospitals.

Action Step 2.6.2: By January 1, 2006 a supply of surgical masks for patients to wear in an outbreak of infectious disease will be added to the State PPE Stockpile along with protocols on how to access these supplies.
Action Step 2.6.3: By January 1, 2006 a supply of surgical masks for pediatric patients to wear in an outbreak of infectious disease will be added to the State PPE Stockpile along with protocols on how to access these supplies.

Please provide a timeline for completing each proposed activity.

Action Step 2.6.1: START: November 1, 2005 COMPLETION: March 31, 2006
Action Step 2.6.2: START: January 1, 2006 COMPLETION: April 30, 2006
Action Step 2.6.3: START: January 1, 2006 COMPLETION: April 30, 2006

What is the proposed budget amount needed for this benchmark? **$11,000**

Action Step 2.6.1: $0
Action Step 2.6.2: $7,500
Action Step 2.6.3: $3,500

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-7: DECONTAMINATION
Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with CBM # 2-1.

Minimal Level of Readiness
Awardees will posses sufficient numbers of fixed and/or portable decontamination facilities for managing adult and pediatric victims as well as health care personnel, who have been exposed during a chemical, radiological, biological or explosive incident.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 2.7.1: By September 1, 2005 the second to final round of fixed decontamination rooms will be funded and completed.
Action Step 2.7.2: By January 1, 2006 devices to monitor whether decontamination of patients, exposed to radiological agents, has been successful will be purchased for hospitals.

Please provide a timeline for completing each proposed activity.

Action Step 2.7.1: START: September 1, 2005 COMPLETION: November 30, 2005
Action Step 2.7.2: START: January 1, 2006 COMPLETION: August 31, 2006

What is the proposed budget amount needed for this benchmark? **$992,000**

Action Step 2.7.1: $500,000
Action Step 2.7.2: $492,000

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-8: MENTAL HEALTH
Enhance the networking capacity and training of health care professionals to be able to recognize, treat and coordinate care related to the behavioral health consequences of bioterrorism or other public health emergencies.

Minimal Level of Readiness
Awardees will identify the minimum behavioral health training competencies for health care professionals responding to bioterrorism or other public health emergencies.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 2.8.1: By September 1, 2005 on-going training of health care professionals in their ability to recognize, treat and coordinate care related to the age-specific behavioral health consequences of bioterrorism or other public health emergencies and to provide age-appropriate treatment and care coordination will continue.

Please provide a timeline for completing each proposed activity.

Action Step 2.8.1: START: September 1, 2005 COMPLETION: August 31, 2006

What is the proposed budget amount needed for this benchmark? **$150,000**

Action Step 2.8.1: $150,000

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-10: COMMUNICATIONS AND INFORMATION TECHNOLOGY
Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health official

Minimal Level of Readiness:
All participating hospitals will have secure and redundant communications systems that allow connectivity to all other healthcare entities and emergency response agencies responding to a terrorist event or other public health emergency.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 2.10.1: By September 1, 2005 hospitals not at the T1 Line standard will be funded to achieve this standard.
Action Step 2.10.2: By September 1, 2005 hospitals will implement the recommendations of the State Expert Panel on Communications regarding landlines.
Action Step 2.10.3: By September 1, 2005 hospitals will implement the recommendations of the State Expert Panel on Communications regarding radios.
Action Step 2.10.4: By September 1, 2005 hospitals will implement the recommendations of the State Expert Panel on Communications regarding internal radios.
Action Step 2.10.5: By September 1, 2005 hospitals will implement the recommendations of the State Expert Panel on Communications regarding satellite telephones.
Action Step 2.10.6: By September 1, 2005 hospitals will implement the recommendations of the State Expert Panel on Communications regarding HAM radio.
Action Step 2.10.7: By September 1, 2005 hospitals will implement the recommendations of the State Expert Panel on Communications regarding the completion of the Communications Interoperability Plan.
Action Step 2.10.8: By January 1, 2006 a pilot project to enhance the electronic transmission of data between hospitals and state and local health departments will be completed.
Action Step 2.10.9: By September 1, 2005 EMS will participate in the Interoperability Plan.
Action Step 2.10.10: By January 1, 2006 the Command Caller of the HAN will be enhanced to allow hospitals to call up their Medical Staff in an emergency.

Please provide a timeline for completing each proposed activity.

Action Step 2.10.1: START: September 1, 2005 COMPLETION: March 31, 2006
Action Step 2.10.2: START: September 1, 2005 COMPLETION: March 31, 2006
Action Step 2.10.3: START: September 1, 2005 COMPLETION: March 31, 2006
Action Step 2.10.4: START: September 1, 2005 COMPLETION: March 31, 2006
Action Step 2.10.5: START: September 1, 2005 COMPLETION: March 31, 2006
Action Step 2.10.6: START: September 1, 2005 COMPLETION: March 31, 2006
Action Step 2.10.7: START: September 1, 2005 COMPLETION: March 31, 2006
Action Step 2.10.8: START: January 1, 2006 COMPLETION: August 31, 2006
Action Step 2.10.9: START: September 1, 2005 COMPLETION: February 28, 2006
Action Step 2.10.10: START: January 1, 2006 COMPLETION: August 31, 2006

What is the proposed budget amount needed for this benchmark? **$2,145,000**

Action Step 2.10.1: $300,000
Action Step 2.10.2: $0
Action Step 2.10.3: $750,000
Action Step 2.10.4: $250,000
Action Step 2.10.5: $375,000
Action Step 2.10.6: $150,000
Action Step 2.10.7:$0
Action Step 2.10.8:$300,000
Action Step 2.10.9: $0
Action Step 2.10.10: $20,000

HRSA PRIORITY AREA #3: EMERGENCY MEDICAL SERVICES

Critical Benchmark #3:
Enhance the statewide mutual aid plan to deploy EMS units in jurisdictions/regions they do not normally cover, in response to a mass casualty incident due to terrorism.

This plan must ensure the capability of providing EMS triage, transportation and patient tracking for at least 500 adult and pediatric patients per million population within 3 hours post-event. In addition, for each metropolitan area or other region of the state for which a predictable

high-risk scenario has been identified during a HVA, the plan must describe a mechanism for transporting patients from an incident scene or from local hospitals to healthcare facilities in adjacent jurisdictions, to temporary healthcare facilities within or near the affected jurisdiction, and to nearby airports or rail stations for transport to more distant healthcare facilities. All scenarios documented by the applicant under Critical Benchmark 2.1 should be addressed in mutual aid plans for EMS.

Minimal Level of Readiness
Awardees will have established mutual aid plans for upgrading and deploying EMS units in jurisdictions they do not normally cover to insure the capability of providing EMS triage, transportation and patient tracking for at least 500 adult and pediatric patients per million population. In metropolitan and other high-risk areas, awardees will have established plans to transport patients from an incident scene or from local hospitals to healthcare facilities in adjacent jurisdictions, to temporary healthcare facilities within or near the affected jurisdiction, and to nearby airports for transport to more distant healthcare facilities.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 3.1: By September 1, 2005 the Regional Trauma Advisory Councils will continue the implementation of the Wisconsin EMS Emergency Preparedness Plan with all Transport and Non-Transport EMS services.
Action Step 3.2: By January 1, 2006 protocols for EMS to manage the transport of infectious and contaminated patients will be developed and communicated to EMS services.
Action Step 3.3: By January 1, 2006 discussions will be held with the military and EMS so that there is a plan to coordinate and integrate military and EMS (START and JumpSTART) triage protocols in a mass casualty incident.
Action Step 3.4: By January 1, 2006 protocols will be developed in collaboration with the 9 Regional Trauma Advisory Councils to tag and track patients consistently across the State, including identifying and tracking children separated from parents and non-verbal children.
Action Step 3.5: By August 31, 2006 EMS services will implement a program to identify children and residents with special health care needs and/or who are technologically dependent and be equipped to respond, treat and transfer them to the designated site using the Wisconsin Child Alert Program Guidelines.

Please provide a timeline for completing each proposed activity.

Action Step 3.1: START: September 1, 2005 COMPLETION: August 31, 2006
Action Step 3.2: START: January 1, 2006 COMPLETION: March 31, 2006
Action Step 3.3: START: January 1, 2006 COMPLETION: June 30, 2006
Action Step 3.4: START: January 1, 2006 COMPLETION: August 31, 2006
Action Step 3.5: START: January 1, 2006 COMPLETION: August 31, 2006

What is the proposed budget amount needed for this benchmark? **$412,497**

Action Step 3.1: $412,497
Action Step 3.2: $0
Action Step 3.3: $0
Action Step 3.4: $0
Action Step 3.5: $0

HRSA PRIORITY AREA #4: LINKAGES TO PUBLIC HEALTH DEPARTMENTS

Critical Benchmark #4-1: HOSPITAL LABORATORIES
Implement a hospital laboratory program that is coordinated with currently funded CDC laboratory capacity efforts, and which provides rapid and effective hospital laboratory services in response to terrorism and other public health emergencies.

Minimal Level of Readiness
1. Participating hospital labs will have protocols for rapid referral of clinical samples and associated information to labs in the Laboratory Response Network (LRN).
2. Participating hospital lab personnel will demonstrate competency in determining what situations warrant the initiation of these protocols as well as competency in following the protocols.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 4.1.1: By September 1, 2005 Wisconsin State Laboratory of Hygiene (WSLH) will continue to provide Sentinel Level A laboratories up-dated information about bioterrorism and other infectious disease outbreaks in six regional meetings.
Action Step 4.1.2: By September 1, 2005 WSLH will complete a second round of site visits at 33% of hospital laboratories to assess readiness for bioterrorism and other infectious disease outbreaks.
Action Step 4.1.3: By September 1, 2005 WSLH will provide support services for hospital laboratories to assist them in their preparedness for bioterrorism and other infectious disease outbreaks.
Action Step 4.1.4: By September 1, 2005 WSLH will hold 4 meetings of the Laboratory Technical Advisory Group to address hospital laboratory preparedness for bioterrorism and other infectious disease outbreaks.
Action Step 4.1.5: By September 1, 2005 WSLH will identify hospital laboratories, which need to increase their ability to process samples of agents related to bioterrorism or other infectious disease outbreaks by providing Bio Safety Cabinets and centrifuges.
Action Step 4.1.6: By January 1, 2006 WSLH will provide for hospital laboratories at no charge to participants a) at least eight laboratory-based distance-learning events; b) a training resource library and c) a laboratory "bench guide" to provide concise guidance in laboratory

processes to rule out suspect agents of bioterrorism.
Action Step 4.1.7: By January 1, 2006 WSLH will provide two statewide exercises to hospital Laboratories that will increase proficiency with Sentinel Laboratory "rule out" testing and will assess the use of the Laboratory Emergency Response system.

Please provide a timeline for completing each proposed activity.

Action Step 4.1.1: START: September 1, 2005 COMPLETION: August 31, 2006
Action Step 4.1.2: START: September 1, 2005 COMPLETION: August 31, 2006
Action Step 4.1.3: START: September 1, 2005 COMPLETION: August 31, 2006
Action Step 4.1.4: START: September 1, 2005 COMPLETION: August 31, 2006
Action Step 4.1.5: START: September 1, 2005 COMPLETION: December 31, 2005
Action Step 4.1.6: START: January 1, 2006 COMPLETION: August 31, 2006
Action Step 4.1.7: START: January 1, 2006 COMPLETION: August 31, 2006

What is the proposed budget amount needed for this benchmark? **$470,000**

Action Step 4.1.1: $45,004
Action Step 4.1.2: $43,232
Action Step 4.1.3: $22,922
Action Step 4.1.4: $28,624
Action Step 4.1.5: $200,000
Action Step 4.1.6: $76,110
Action Step 4.1.7: $54,108

HRSA PRIORITY AREA #4: LINKAGES TO PUBLIC HEALTH DEPARTMENTS

Critical Benchmark #4-2: SURVEILLANCE AND PATIENT TRACKING
Enhance the capability of rural and urban hospitals, clinics, emergency medical services systems and poison control centers to report syndromic and diagnostic data that is suggestive of terrorism or other highly infectious disease to their associated local and state health departments on a 24-hour-a-day, 7-day-a-week basis.

Minimal Level of Readiness:
Awardees will have an established surveillance system that allows rural and urban hospitals, emergency medical services systems and poison control centers to report data that is suggestive of terrorism to their local and state health departments on a 24-hour-a-day, 7-day-a-week basis.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 4.2.1: By September 1, 2005 hospital laboratories will be informed about the results of the Electronic Laboratory Reporting Pilot Project with recommendations on how further hospitals can be added to this network.
Action Step 4.2.2: By April 1, 2006 hospitals will be informed about the results of the ESSENCE Syndromic Surveillance Pilot Project in Milwaukee with recommendations on how further hospitals can be added to this network.

Please provide a timeline for completing each proposed activity.

Action Step 4.2.1: START: September 1, 2005 COMPLETION: March 31, 2006
Action Step 4.2.2: START: April 1, 2006 COMPLETION: August 31, 2006

What is the proposed budget amount needed for this benchmark? **$250,000**

Action Step 4.2.1: $250,000
Action Step 4.2.2: $0

HRSA PRIORITY AREA #5: EDUCATION AND PREPAREDNESS TRAINING

Critical Benchmark #5: EDUCATION AND PREPAREDNESS TRAINING
Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

Minimal Level of Readiness
Education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel are competency based.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 5.1: By April 1, 2006 education and training will be provided to the staff at each of the burn "holding hospitals".
Action Step 5.2: By September 1, 2005 through the EduTrac Committee, hospital preparedness competencies will be matched to training

programs available.
Action Step 5.3: By January 1, 2006 education and training will be made available to physician offices and clinics on the "Guidelines for Physician Offices In Mass Casualty Incidents" and also the "Infection Control Measures for Physician Offices and Clinics".
Action Step 5.4: By February 1, 2006 the second round of EMS Transport services will receive training in the Wisconsin EMS Emergency Preparedness Plan and the START and JumpSTART protocols.
Action Step 5.5: By September 1, 2005 all hospitals will complete both Operational and Awareness Training for their decontamination teams.
Action Step 5.6: September 1, 2005 members of REACT will provide training to all Wisconsin hospitals in the management of patients exposed to radioactive agents.

Please provide a timeline for completing each proposed activity.

Action Step 5.1: START: April 1, 2006 COMPLETION: August 31, 2006
Action Step 5.2: START: September 1, 2005 COMPLETION: December 31, 2005
Action Step 5.3: START: January 1, 2006 COMPLETION: August 31, 2006
Action Step 5.4: START: February 1, 2006 COMPLETION: July 31, 2006
Action Step 5.5: START: September 1, 2005 COMPLETION: December 31, 2005
Action Step 5.6: START: September 1, 2005 COMPLETION: October 31, 2005

What is the proposed budget amount needed for this benchmark? **$915,600**

Action Step 5.1: $50,000
Action Step 5.2: $0
Action Step 5.3: $300,000
Action Step 5.4: $390,600
Action Step 5.5: $155,000
Action Step 5.6: $20,000

HRSA PRIORITY AREA #6: TERRORISM PREPAREDNESS EXERCISES

Critical Benchmark #6: Terrorism Preparedness Exercises
As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be

based on the Awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Minimal Level of Readiness
Awardees will conduct terrorism preparedness exercises/drills that:

- Contain elements addressing the needs of special populations;
- Emphasize a regional approach; and
- Are coordinated with other state, local and Federal drills and exercises to maximize resources.

Please list the proposed activities that will occur in FY 05 under this benchmark.

Action Step 6.1: By January 1, 2006 each hospital will participate in at least a table-top exercise to test their Inpatient/Outpatient Surge Capacity Plan
Action Step 6.2: By September 1, 2005 each hospital will participate in a table-top exercise to test its response to a flu pandemic as per the Scenario that will be supplied for the exercise.
Action Step 6.3: By October 1, 2005 each hospital that serves as Distribution Sites for the Interim Pharmaceutical Stockpile (IPS) will exercise the deployment of the IPS as per the Scenario that will be supplied for the exercise.
Action Step 6.4: By October 1, 2005 each hospital that will serve as a Dispensing Site will participate in at least a table-top exercise in the deployment of the Interim Pharmaceutical Stockpile at its facility as per the Scenario that will be supplied for the exercise. This exercise will be conducted in collaboration with the local health department(s).
Action Step 6.5: By September 1, 2005 each EOC Hospital Liaison will take part in a table-top exercise to exercise their responsibilities in the EOC as per the Scenario that will be supplied for the exercise.
Action Step 6.6: By January 1, 2006 each hospital will identify those responsible for disaster credentialing and these staff will participate in an exercise of the deployment of the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) and also Wisconsin Disaster Credentialing (WDC).
Action Step 6.7: By January 1, 2006 each hospital and EMS Transport Service will participate in "Triage Tuesday" to exercise patient tagging and tracking protocols.
Action Step 6.8: By March 1, 2006 each of the 9 Regional Trauma Advisory Councils will facilitate a regional exercise involving all EMS units and Dispatch Centers in the implementation of the Wisconsin EMS Emergency Preparedness Plan.
Action Step 6.9: By June 1, 2006 each hospital will participate in at least a table-top exercise in the deployment of the ChemPack at its facility as per the Scenario that will be supplied for the exercise. This exercise will be conducted in collaboration with the EMS Transport Services.
Action Step 6.10: By March 31, 2006 an exercise will be held in collaboration with the EMSC Annual Childhood Emergencies Conference that will

focus on responding to an event involving all pediatric casualties.

Please provide a timeline for completing each proposed activity.

Action Step 6.1: START: January 1, 2006 COMPLETION: August 31, 2006
Action Step 6.2: START: September 1, 2005 COMPLETION: December 31, 2005
Action Step 6.3: START: October 1, 2005 COMPLETION: February 28, 2006
Action Step 6.4: START: October 1, 2005 COMPLETION: February 28, 2006
Action Step 6.5: START: September 1, 2005 COMPLETION: February 28, 2006
Action Step 6.6: START: January 1, 2006 COMPLETION: March 31, 2006
Action Step 6.7: START: January 1, 2006 COMPLETION: August 31, 2006
Action Step 6.8: START: March 1, 2006 COMPLETION: August 31, 2006
Action Step 6.9: START: June 1, 2006 COMPLETION: August 31, 2006
Action Step 6.10: START: November 1, 2005 COMPLETION: March 31, 2006

What is the proposed budget amount needed for this benchmark? **$593,000**

Action Step 6.1: $128,000
Action Step 6.2: $128,000
Action Step 6.3: $7,000
Action Step 6.4: $128,000
Action Step 6.5: $7,000
Action Step 6.6: $0
Action Step 6.7: $21,000
Action Step 6.9: $45,000
Action Step 6.11: $128,000
Action Step 6.12: $1,000

Other Budget Line-Items

Line-item expenses included on the Budget Template, but not included on this form include:

- $373,000 for Administration of this Cooperative Agreement by the Wisconsin Division of Public Health
- $200,000 for the Wisconsin Hospital Association to continue advocacy of the implementation of this program among hospitals ($50,000), continuation of the WHA Legal Hotline ($50,000) and resolution of legal issues, especially in the area of ESAR-VHP ($100,00).

Pandemic Flu and Purchase of Anti-Viral Medications

- **Do any of the HRSA-funded hospital-based pharmaceutical caches within your jurisdiction maintain a supply of antiviral drugs?**

  We have decided not to purchase any anti-viral medications during FY 2005. We have assigned our Flu Pandemic Committee to investigate the feasibility of this purchase. There are numerous issues that need to be resolved before a decision to purchase is made.

- **If so, please provide an estimate of the number of 10-day treatment courses on hand, facility-by-facility, as of June 15, 2005.**

  Not applicable

- **Also, please indicate the quantity and estimated cost of antiviral drugs that the jurisdiction plans to acquire for these caches during the period September 1, 2005 to August 31, 2006 and how much of that cost is to be charged to the HRSA cooperative agreement.**

  Not applicable

Up-Date to Mid-Year Report

There are no significant changes to report